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## **BIB DATA SHEET**

## **CONFIRMATION NO. 3419**

<b>SERIAL NUM</b> 09/980,43	l DAT		E `		CLASS 709	<b>GROUP ART UNIT</b> 2617		ATTORNEY DOCKET NO. 9683/95		
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Foreign Priority claimed  35 USC 119(a-d) conditions met Yes No Verified and  /SHARAD K RAMPURIA/ Acknowledged  Fixaminer's Signature			Met aft Allowa SR	ter nce	STATE OR COUNTRY JAPAN	DRAWINGS CLA		TOTA CLAII	MS	INDEPENDENT CLAIMS 4
ADDRESS  INDIANAPOLIS OFFICE 27879 BRINKS HOFER GILSON & LIONE ONE INDIANA SQUARE, SUITE 1600 INDIANAPOLIS, IN 46204-2033 UNITED STATES										
TITLE  Location reporting method and related mobile communication terminal										
☐ All Fees										
RECEIVED	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					□ 1.16 Fees (Filing) □ 1.17 Fees (Processing Ext. of time) □ 1.18 Fees (Issue) □ Other				
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